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8	UNITED STATES DISTRICT COURT
9	NORTHERN DISTRICT OF CALIFORNIA
10	CV 08 197
11	DANNY CAESAR Plaintiff, CASE NO.
12	VS. PRISONER'S APPLICATION TO PROCEED
13	Robert Horel, Warden, et. al. IN FORMA PAUPERIS SBA
14	Defendant.
15	
16	I, DAN CHESKE, declare, under penalty of perjury that I am the
17	plaintiff in the above entitled case and that the information I offer throughout this application
18	is true and correct. I offer this application in support of my request to proceed without being
19	required to prepay the full amount of fees, costs or give security. I state that because of my
20	poverty I am unable to pay the costs of this action or give security, and that I believe that I am
21	entitled to relief.
22	In support of this application, I provide the following information:
23	1. Are you presently employed? Yes No X
24	If your answer is "yes," state both your gross and net salary or wages per month, and give the
25	name and address of your employer:
26	Gross: Net: Net: NA
27	Employer:
28	

salary and v	vages per month which you received. (If	you are impr	isoned, specify	the la
place of em	ployment prior to imprisonment.)	,		
	ม/	A	-	
2. Have	e you received, within the past twelve (12)	months, any	money from a	ıy of
following so	ources:			
<b>a.</b> ;	Business, Profession or	Yes _	No	
	self employment			
b.	Income from stocks, bonds,	Yes	No	
	or royalties?	_		
c.	Rent payments?	Yes	No	
d.	Pensions, annuities, or	Yes_X	No	
	life insurance payments?			
e.	Federal or State welfare payments,	Yes	No	
	Social Security or other govern-		•	
	ment source?		,	
f the answer	r is "yes" to any of the above, describe each	n source of m	noney and state	the ar
eceived from	n each.	. \ _		
	e \$86,50 per mouth from -		tuent	16
<u>leteraus</u>	Affairs for AN old U.S.	Army	injury.	<del></del>
Are y	ou married?	Yes	_ No <u>X</u> _	
Spouse's Ful	1 Name: <u>N / A</u>			
Spouse's Plac	ce of Employment:			
Spouse's Mo	nthly Salary, Wages or Income:			
Gross \$	Net \$	1	•	
ŀ. a.	List amount you contribute to your spot	ice's support:	\$ 1/1	

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1 b.	List the persons other than your spouse who are dependent upon you for
2	support and indicate how much you contribute toward their support. (NOTE
3	For minor children, list only their initials and ages. DO NOT INCLUDE
4	THEIR NAMES.).
NONE	
5. Do yo	ou own or are you buying a home? Yes NoX
Estimated M	arket Value: \$ N/A Amount of Mortgage: \$ N/A
6. Do yo	ou own an automobile? Yes No _X_
	/A Year Model
Is it financed	? Yes No If so, Total due: \$ N /A
15	ment: \$
	110111. V
Monthly Pay	u have a bank account? Yes No X (Do not include account numbers.
Monthly Pays 7. Do yo	
Monthly Pays 7. Do yo Name(s) and	u have a bank account? Yes No X (Do not include account numbers.
Monthly Pays 7. Do yo Name(s) and	u have a bank account? Yes No X (Do not include account numbers
Monthly Pays 7. Do yo Name(s) and Present balan	u have a bank account? Yes No _X (Do not include account numbers address(es) of bank:
7. Do yo Name(s) and Present balan Do you own a	u have a bank account? Yes No _X (Do not include account numbers address(es) of bank:
Monthly Pays 7. Do you Name(s) and Present balan Do you own a Do you have	nu have a bank account? Yes No _X (Do not include account numbers address(es) of bank:
Monthly Pays 7. Do you Name(s) and Present balan Do you own a Do you have	address(es) of bank:  ce(s): \$
Monthly Payer 7. Do you Name(s) and Present balan Do you own a Do you have market value.  8. What	we have a bank account? Yes No _X (Do not include account numbers address(es) of bank: ce(s): \$ X /A
Monthly Pays 7. Do you Name(s) and Present balan Do you own a Do you have market value.  8. What	nu have a bank account? Yes No _X (Do not include account numbers.  address(es) of bank:  ce(s): \$ N /A  any cash? Yes _X No Amount: \$ SEE Enclosed Finance  any other assets? (If "yes," provide a description of each asset and its estimated  Yes No _X
Monthly Payer 7. Do you Name(s) and Present balan Do you own a Do you have market value.  8. What Rent: \$	we have a bank account? Yes No _X (Do not include account numbers address(es) of bank: ce(s): \$ X /A
Monthly Payer 7. Do you Name(s) and Present balan Do you own a Do you have market value.  8. What Rent: \$	we have a bank account? Yes No _X (Do not include account numbers.  address(es) of bank:  ce(s): \$ N /A  any cash? Yes _X No Amount: \$ SEE Enclosed France  any other assets? (If "yes," provide a description of each asset and its estimated  Yes No _X  are your monthly expenses?  L /A Utilities:  Clothing: Clothing:
Monthly Payer 7. Do you Name(s) and Present balan Do you own a Do you have market value.  8. What Rent: \$ Food: \$	we have a bank account? Yes No No (Do not include account numbers, address(es) of bank: Ce(s): \$
Monthly Payr 7. Do yo Name(s) and Present balan Do you own a Do you have market value.  8. What Rent: \$ Food: \$ Charge Accord	we have a bank account? Yes No No (Do not include account numbers, address(es) of bank: Ce(s): \$
Monthly Payr 7. Do yo Name(s) and Present balan Do you own a Do you have market value.  8. What Rent: \$ Food: \$ Charge Accounts Name of Accounts Acco	we have a bank account? Yes No No (Do not include account numbers, address(es) of bank: Ce(s): \$ \lambda / A Amount: \$ EE Enclosed Finance any other assets? (If "yes," provide a description of each asset and its estimated b) Yes No Amount: \$ Clothing: Clothing: Clothing: Clothing: Count Monthly Payment Total Owed on This Acct.

Do you have any other debts? (List current obligations, indicating amounts and to whom they are payable. Do not include account numbers.) 40 Does the complaint which you are seeking to file raise claims that have been presented 10. in other lawsuits? Yes X No \_\_\_\_ Please list the case name(s) and number(s) of the prior lawsuit(s), and the name of the court in which they were filed. I suit (1st Settled out of Cour ) rouceruling the prison refusing I consent to prison officials withdrawing from my trust account and paying to the court the initial partial filing fee and all installment payments required by the court. I declare under the penalty of perjury that the foregoing is true and correct and understand that a false statement herein may result in the dismissal of my claims. SIGNATURE OF APPLICANT DATE

28